

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee COMMITTEE TO RE-ELECT TODD G. THOMA MD 124 Baltic Drive Shreveport, LA 71115 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/30/2012</div> 3. Estimated Membership <div style="text-align: center;">10</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 29315 Date Filed: 1/30/2012									
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>THOMAS ARNOLD MD</td> <td>Chairperson</td> <td>480 Railsback Road Shreveport, LA 71106</td> </tr> <tr> <td>THOMAS G THOMA</td> <td>Treasurer</td> <td>657 Albermarle Drive Shreveport, LA 71106</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	THOMAS ARNOLD MD	Chairperson	480 Railsback Road Shreveport, LA 71106	THOMAS G THOMA	Treasurer	657 Albermarle Drive Shreveport, LA 71106
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6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate TODD G. THOMA MD	c. Office Sought by the Candidate Coroner Caddo Caddo Parish										
9. a. Name of Person Preparing Report b. Daytime Telephone											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>30th</u> day of <u>January</u> , <u>2012</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Thomas Arnold MD</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>318-675-5000</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Thomas G. Thoma</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> <u>318-518-2665</u> Daytime Telephone </td> </tr> </table>			<u>Thomas Arnold MD</u> Signature of Committee/Chairperson	<u>318-675-5000</u> Daytime Telephone	<u>Thomas G. Thoma</u> Signature of Committee Treasurer, if any	<u>318-518-2665</u> Daytime Telephone					
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a. Name

CAPITAL ONE

b. Address

333 Travis Street
Shreveport, LA 71101